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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/501,408			ing Date 10/2000	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN	
FOR			NUMBER FI	LED N	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		N/A			N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A	]	N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 = *		•		x s =		OR	x \$ =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			]	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sh is ad	eets of pap \$250 (\$125 ditional 50	ings exceed 100 tion size fee due y) for each on thereof. See 7 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL		
APPLICATION AS AMENDED – PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY												
AMENDMENT	07/29/2008	CLAIMS REMAINING AFTER AMENDMEN	т	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 34	Minus	·· 32	= 2	]	x \$ =		OR	X \$50=	100	
	Independent (37 CFR 1,16(h))	• 2	Minus	3	= 0	]	x \$ =		OR	X \$210=	0	
ME	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	100	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1 16(1))		Minus	**	=	1	x s =		OR	x s =		
M	Independent (37 CFR 1.16(h))	•	Minus	***	=	]	x \$ =		OR	x \$ =		
Ш	Application Size Fee (37 CFR 1.16(s))					]			]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
									OR	TOTAL ADD'L FEE		
** If	If the entry in column 1 is less than the entry in column 2, with 0" in column 3. Legal Instrument Examiner:  "If the "Highest Mumber Perviously Paid For" NT HIS SPACE is less than 30, enter "20".  "If the "Highest Number Perviously Paid For" NT HIS SPACE is less than 3, enter "3".  The "Highest Mumber Perviously Paid For" (Total or independently is the highest number found in the appropriate box in column 1.											

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